

CONTRACT PRICING PROPOSAL COVER SHEET (Cost or Pricing Data Required)				1. SOLICITATION/CONTRACT/MODIFICATION NO.		OMB No.: 9000-0013 Expires: 09/30/98					
Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition Policy, GSA, Washington, DC 20405.											
2a. NAME OF OFFEROR				3a. NAME OF OFFEROR'S POINT OF CONTACT		3c. TELEPHONE					
2b. FIRST LINE ADDRESS				3b. TITLE OF OFFEROR'S POINT OF CONTACT		AREA CODE	NUMBER				
2c. STREET ADDRESS				4. TYPE OF CONTRACT ACTION (Check)							
2d. CITY				2e. STATE		2f. ZIP CODE					
								a. NEW CONTRACT		d. LETTER CONTRACT	
								b. CHANGE ORDER		e. UNPRICED ORDER	
5. TYPE OF CONTRACT (Check)				c. PRICE REVISION/REDETERMINATION		f. OTHER (Specify)					
<input type="checkbox"/> FFP <input type="checkbox"/> CPFF <input type="checkbox"/> CPIF <input type="checkbox"/> CPAF <input type="checkbox"/> FPI <input type="checkbox"/> OTHER (Specify)				6. PROPOSED COST (A + B = C)							
				A. COST		B. PROFIT/FEE					
						C. TOTAL					
7. PERFORMANCE											
PLACE	a.					PERIOD	a.				
	b.						b.				
8. List and reference the identification, quantity and total price proposed for each contract line item. A line item cost breakdown supporting this recap is required unless otherwise specified by the Contracting Officer. (Continue on reverse, and then on plain paper, if necessary. Use											
a. LINE ITEM		b. IDENTIFICATION		c. QUANTITY		d. TOTAL PRICE					
9. PROVIDE THE FOLLOWING (If available)											
NAME OF CONTRACT ADMINISTRATION OFFICE				NAME OF AUDIT OFFICE							
STREET ADDRESS				STREET ADDRESS							
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE				
TELEPHONE		AREA CODE	NUMBER	TELEPHONE		AREA CODE	NUMBER				
10. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS WORK? (If "yes" identify)				11a. DO YOU REQUIRE GOVERNMENT CONTRACT FINANCING TO PERFORM THIS PROPOSED CONTRACT? (If "yes" complete Item 11b)		11b. TYPE OF FINANCING (Check one)					
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ADVANCE PAYMENT <input type="checkbox"/> PROGRESS PAYMENTS <input type="checkbox"/> GUARANTEED LOANS					
12. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR THE SAME OR SIMILAR ITEMS WITHIN THE PAST 3 YEARS? (If "Yes," identify item(s), customer(s) and contract number(s) on reverse of form.)				13. IS THIS PROPOSAL CONSISTENT WITH YOUR ESTABLISHED ESTIMATING AND ACCOUNTING PRACTICES AND PROCEDURES AND FAR PART 31, COST PRINCIPLES? (If "No," explain on reverse of form.)							
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO							
14. COST ACCOUNTING STANDARDS BOARD (CASB) DATA (Public Law 91-379 as amended and FAR PART 30)											
a. WILL THIS CONTRACT ACTION BE SUBJECT TO CASB REGULATIONS? (If "No," explain in proposal.)				b. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DS-1 or 2)? (If "Yes," specify in proposal the office to which submitted and if determined to be adequate.)							
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO							
c. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NONCOMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal.)				d. IS ANY ASPECT OF THIS PROPOSAL INCONSISTENT WITH YOUR DISCLOSED PRACTICES OR APPLICABLE COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal.)							
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO							
This proposal is submitted in response to the solicitation, contract, modification, etc., in Item 1 and reflects our estimates and/or actual costs as of this date and conforms with the instructions in FAR 15.804-6(b)(1), and Table 15-2. By submitting this proposal, the offeror, if selected for negotiation, grants the contracting officer and authorized representative(s) the right to examine, at any time before award, those records, which include books, documents, accounting procedures and practices, and other data, regardless of type and of whether such items are in written form, in the form of computer data, or any other form, or whether such supporting information is specifically referenced or included in the proposal as the basis for pricing, that will permit an adequate evaluation of the proposed price.											
15a. NAME OF OFFEROR (Type)			15b. TITLE OF OFFEROR (Type)			16. NAME OF FIRM					
17. SIGNATURE						18. DATE OF SUBMISSION					